



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES

DIVISION OF HEALTH CARE FINANCE AND POLICY

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INFORMATIONAL BULLETIN 05-03

114.3 CMR 14.00: DENTAL SERVICES

May 20, 2005

Correction

Under authority of Regulation 114.3 CMR 14.01(5), the Division of Health Care Finance and Policy is issuing a correction of the published rates for one diagnostic and three orthodontic services for certified Dental Services providers, who provide services to publicly aided individuals. These changes are effective March 1, 2005.

Addendum to the Regulation

The rate corrections are as follows:

Procedure Code	Published EPSDT Rate	Published Adult Rate	Corrected EPSDT Rate	Corrected Adult Rate	Description
D0350	I.C.	I.C.	\$47.00	\$33.00	Oral/facial images
D8660	I.C.	I.C.	\$28.00	\$20.00	Pre-orthodontic treatment visit
D8690	I.C.	I.C.	\$120.00	\$105.00	Orthodontic treatment (alternative billing to a contract fee)
D8692	I.C.	I.C.	\$84.00	\$73.00	Replacement of lost or broken retainer